



Anne Arundel County Public Schools

Department of Student Services

Office of Pupil Personnel

DETERMINATION OF RESIDENCE FOR SCHOOL ENROLLMENT*PLEASE PRINT CLEARLY*

Student's Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	Grade
Parent's Name		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Address		City	State	Zip
Home Phone Number	Cell Phone Number	Work Phone Number		
Requested School				Grade
Current School				Grade
Current School <input type="checkbox"/> Good Standing <input type="checkbox"/> Suspended <input type="checkbox"/> Expelled <input type="checkbox"/> Other		Is student currently receiving special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, intensity: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V
The student will reside in Anne Arundel County with:				
Guardian/Caretaker's Name			Relationship	
Address		City	State	Zip
Home Phone Number	Cell Phone Number	Work Phone Number		
How long has student lived at this address?		Placed by court or social services agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Agency		DSS/DJJ Worker	Phone Number	
Give specific reasons for the student to reside in Anne Arundel County				

Please explain why you are requesting a change of schools

I hereby declare and affirm under penalties of perjury that the information is true and correct to the best of my information, knowledge and belief.

Signature of Applicant/DSS/DJJ Worker

Date

OFFICE USE ONLY

- ☐ Student is a bona fide resident for school enrollment purposes in the attendance are for _____
Name of school
- ☐ Student is NOT a bona fide resident for school enrollment purposes in the attendance are for _____
Name of school
- ☐ Student may be enrolled: ☐ Tuition Paid ☐ Tuition Waived

Signature of Director or Designee

Date



Anne Arundel County Public Schools

Department of Student Services

Office of Pupil Personnel

DETERMINATION OF RESIDENCE FOR SCHOOL ENROLLMENT*PLEASE PRINT CLEARLY*

Student's Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	Grade
Parent's Name		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Address		City	State	Zip
Home Phone Number	Cell Phone Number	Work Phone Number		
Requested School				Grade
Current School				Grade
Current School <input type="checkbox"/> Good Standing <input type="checkbox"/> Suspended <input type="checkbox"/> Expelled <input type="checkbox"/> Other		Is student currently receiving special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, intensity: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V
The student will reside in Anne Arundel County with:				
Guardian/Caretaker's Name			Relationship	
Address		City	State	Zip
Home Phone Number	Cell Phone Number	Work Phone Number		
How long has student lived at this address?		Placed by court or social services agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Agency		DSS/DJJ Worker		Phone Number
Give specific reasons for the student to reside in Anne Arundel County				

Please explain why you are requesting a change of schools

I hereby declare and affirm under penalties of perjury that the information is true and correct to the best of my information, knowledge and belief.

Signature of Applicant/DSS/DJJ Worker

Date

OFFICE USE ONLY

- ☐ Student is a bona fide resident for school enrollment purposes in the attendance are for _____
Name of school
- ☐ Student is NOT a bona fide resident for school enrollment purposes in the attendance are for _____
Name of school
- ☐ Student may be enrolled: ☐ Tuition Paid ☐ Tuition Waived

Signature of Director or Designee

Date